An. Essay
On.
Pleurisy.

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Pleurites

A desease which for centuries has baffled all the skill of the old school, but in which homœpathy has achieved one of its most brilliant victories over all other methods of practice.

This desease commences with chills, weariness, lassitude & other symptoms of febrile action; which are shortly succeeded by stitch, shortness of breath, recumbancy on the affected side, or, more commonly on the back. There is generally a short cough, restrained by the patient on account of the intense pain which it causes. We have sharp, rapid inspirations, attended by darting stitches; unless the inflamation be very slight, then we do not find the respiration much altered.

There is generally experienced a sense of tightness & constriction about the chest. If the lungs & bronchia remain unaffected there will be little or no cough, expectoration glairy & in small quantities, skin hot & dry.

The pain is much increased by motion, coughing & by breathing. This affection generally confines itself to one side.

In severe cases the following symptoms present themselves, - abdominal respiration, pain in the intercostal spaces, desire to lie on the affected side, great thirst and dyspnoea, which symptoms are shortly followed by others, indicating that effusion has taken place.

Some authorities maintain that effusion commencies with the inflamation, while others equally eminent,

believe that considerable time Elapses before this occurs; general experience sanctions the former belief.

The symptoms indicating that effusion has taken place, are, increased size of the affected side, (either perceptibe to the eye or easily ascertained by measuring,) also egophony from the commencement of the inflamation or as soon as a small quantity of liquid has accumulated, & disappears, as the quantity increases, failure of the respiratory murmur on the affected side, also dullness on percussion. The expectoration will be tinged with blood, & will be more profuse, if the lungs became involved there will also be found present, other characteristics of Pleuropneumonia.

The liquid effused may

be of three varieties. Serous, plastic, or hemorrhagic. The severity of the desease will depend much upon the quality & quantity of the effusion. When both sides of the chest at once are involved, the presence of tubercles may be suspected. It may be well here to remark that expectoration is considered by most authorities to indicate at least a slight inflammation of the tissue of the lung or bronchia.

The desease may terminate by resolution effusion, or suppuration. Some authors devide it into numerous stages. For convenience we will consider it as acute & chronic. There may also be many complications such as Pleuropneumonia, Pleurodynia &c. but these do not constitute simple Pleurisy.

Acute Pleurisies

This is perhaps the most violent & most painfull of all internal inflamations; in its active form it is characterized by acute lancinating pains in one side of the chest. It is a desease occuring frequently in this country and has entirely baffled the old school practice, but is readily ammendable to true Homopathy & to potentized medecine when selected in accordance with the rules of our master Hahnemann.

Its predisposing influences and causes; any cause which has a tendency to debilitate or vitiate the system, of course, renders it more liable to most all deseases, atmospheric vissitudes, exposure to wet

sudden checking of perspiration &c.

In such systems which are already debilitated or infected with psora, scrofula, or other chronic diseases this affection will be liable to prove more serious, to assume the chronic form, or to take on dangerous complications. It is sometimes attendant upon surgical operations especially when performed upon scrofulous or cancerous parts. Pleurisy also follows sometimes upon mechanical injuries, in the latter case the prognosis is unfavorable, as the desease is likely to terminate fatally.

Acute pleuretis may be devided into single & double:— It is said to be single when only one side of the chest is affected; double when both become so.

It may als for convenience, be devided into three stages — the first or dry stage; — this commences with the inflamation, & continues untill the effusion of liquid; in this stage plastic lymph is diffused either over the whole surface of the pleura, or else in patches of various sizes.

The second stage, or stage of effusion is that in which the accumulation of liquid is progressing; the liquid is being poured out by the surfaces of the pleura; it sinks by its own weight to the bottom of the sack displacing the lung upwards & backwards, also compressing it, causing it to become carnified; that is to say, the air is expelled & it becomes a condensed mass. The fluid may also increase to such an extent as to

depress the diaphragm, displace the heart & liver & visibly increase the size of the chest.

The third stage or that of absorption; — in this stage the liquid effusion is gradually absorbed, it diminishes slowly in quantity, & in some cases is entirely removed; the lung being relieved from the pressure, it again expands, & regains its previous size: in some cases, that is never reattained; the displacement of parts continues, the contractions of the chest persist, & the correct relations of the organs, are only reestablished after long intervals, if ever.: The surfaces of the pleura are covered by a fibrinous coat more or less solid.

Physical signs. — Percussion before the accumulation of liquid,

is not much altered & sonorness sometimes unchanged; slight diminution of vesicular resonance, replaced by tympanitic sonorness, which indicates a lessening of the capacity of the lung.

Percussion however is extremely painful and therefore should be performed very lightly. When the effusion is considerable the vesicular resonance is entirely abolished & percussion gives a flat sound, the walls of the chest lose their elasticity, the liquid changes its position as the patient turns, therefore the flat sound will vary proportionately. The sound given off over the effusion is invariably flat & dull.

As the liquid is removed by absorption, the vesicular resonance gradually returns from above downwards as the level of the effusion

decreases; however at the base of the lung flatness continues for some time. by ascultation we find the respiratory murmur much diminished on the affected side, both by the lung being compressed & the reluctance which the patient evinces to draw a free breath. indeed in some cases the breathing may be entirely bronchial. When this bronchial respiration is very loud & persistant, there will be reason to believe the lung solidified.

Chronic Pleuritis.

The chronic form of this desease will next engage our attention: — it but rarely follows upon the acute stage; it generally has a more obscure origin, developing itself

slowly & insidiously; the inflamation being from the commencement of a chronic character. In this form of the desease the effusion attains a much larger bulk than in the acute stage, & is frequently considerably advanced before noticed. It may be mistaken for various deseases & tumors of the chest, such as cancer of the medeastinum &c &cc. therefore great care should be taken in our diagnosis.

The causes of this desease are obscure; it does not often follow upon an acute attack; it may however do so. it is frequently complicated with a neuralgic or rheumatic diathesis & may be complicated with tuberculosis. The prognoses in these cases is unfavorable especially if the

amount of the effusion be great.
In scrofulous constitutions there is much
danger of the deposition of tubercles.

The signs of this desease
are; dullness on percussion a rub=
bing sound may be audible, protrusion
& bulging of the Chest. If the effusion
be great the heart may be displaced
& pushed aside; we have generally
a harsh dry skin, sometimes edema
of the limbs, & emaciation, fever which
may even assume a hectic character
& some cough; as a general thing,
the pain is not severe. Tuberculozes
is more likely to follow upon pleurey
than even upon pneumonia.
the respiration & pulse are generally
increased in frequency, especially upon
slight muscular exertion or upon
speaking loud. Dyspepsia is sometime

present to a moderate extent, but frequently the appetite is morbidly increased & digestion good.

If the heart is displaced, it will be found pulsating far from its natural position, the parieties of the chest may bulge out, so much so, as to be apparent to the eye. the diaphragm may be much depressed causing the liver to extend considerably beyond the border of the ribs. The superficial observer might mistake this desease for chronic liver complaint, desease of the heart, or dyspepsia, tumors of the mediastinum may also be mistaken for pleurisy, as they may give rise to dilatation of the chest dullness on percussion & short breathing. In these cases the state of the constitution should be our guide

If there be tumor, there will generally also be other symptoms indicative of the progress of some grave desease. The prognosis in all cases of long standing should be exceedingly guarded.

Treatment

The alopathic treatment consists of antiphlogistics, & such local means as the aplications of blisters, cupping, leaching & general depletion, which treatment as may be supposed, never failed either to hasten the desease either to a fatal termination or to run it into the chronic form with dangerous complications.

With their usual sagacity & clear-sightedness they never neglected to set down in their books, & to recommend to the public, the treatment by which they lost the greatest

number of patients. It is useless for me to enlarge upon the folly of such practice, as it must become at once apparent to any thinking mind. At a still later period they stumbled blindly over some remedies that where somewhat homœopathic to the disease, & which did some good, given even in their blundering manner, but why they do good they are as far from knowing now as they ever will be; & pluresy, as well as all other diseases, still defies their quackery.

Their method of treatment may be compared to a person who vainly tries to stop the boiling of a kettle still upon a hot fire, by the aplication of a wet rag to the top of it;—however (and it is a blessing for the human family) that at a not far distant day the very school boys will ridicule them

& their drugs, as things belonging to a dark age & only to be remembered to be pitied; as we recall with wonderment the idolatry of the ancients.

This desease, which resists the random fire of their batteries as readily yealds to the single well directed pellet of true Homeopathy of a scientifically selected remedy & often in a single dose

Remedies

Acon: It is the remedy perhaps more used than any other, also more abused than any other, it is admirably adapted to accomplish what the old school aimed at by depletion. It will be useful in pleuritis, when the following symptoms present themselves; extreme restlessness & anxiety, fear of death &

dispair of recovery, short, dry cough, expectoration of glairy or of bloody mucus, shortness of breath, worse at night & when asleep, stitches in the chest & side pulse full & hard, face red or maybe very pale, much thirst for cold drinks, continual tossing about & restlessness. It will be particularly indicated in cases brought on by checking of perspiration, or exposure to cold wind.

Bryonia. Aggravation at 9 o'clk PM, dread of the slightest movement patient wants to lie perfectly quiet, chilliness, dry cough with stitch in the chest, face red & bloated or pale & yellowish.

Belladonna. Face very red, eyes spark

ling pain coming on very suddenly, & then going off, pulse full & hard, oppression of the chest, breathing labored, any ular heavy continuous stitch & pressure in the chest, probably the right side will be affected.

Phos. Persons with a scrofulous constitution or affected with tubercles & ans of a stitching nature; also for thin scrawny looking persons.

Rhus. T. Will be indicated if the attacks can be clearly traced to a thorough wetting or exposure to damp, the characteristics of Rhus. being present.

Arnica. M. If the attack follow upon a severe blow, or injury in which the

patient has ben much bruised.

Calendula Cases following upon wounds or operations involving much loss of substance.

Sulphur. In chronic cases where there is evedently a tainted constitution also the insipient stage of tubercles.

Arsenicum. The effusion is great pale face, sunken eys, desire of the patient for much covering, even in a warm room, cold feet, palpatation of the heart, anguish, short ough.

Pulsatilla Much weeping, in hysterical feamales. & ther puls characteristic.

Phos. Acid Total indefference to every thing.

Lachesis Patient much worse after sleep left side affected in cases occuring in constitutions poisoned by alchohal.

Lycopodium Pain in the top of the head, left side affected, stitch shortness of breath, blood expectration in cases of long standing especially after some other remedy.

But any other remedy in the materia medica indicated by the concordance of symptoms should be administered.

I might enumerate numerous others, but it is best in this, as well as all other deseases, to consult the materia medica thoroughly, before prescribing, if there be any doubt as to the remedy.

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